

COVID-19 Vaccine 12/9/2020 - RCC Unedited Transcript

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>> Research elements to make sure we address all of the communities that are impacted by this and we're really here tonight to hear your questions and hear your concerns and make sure that those are completely integrated into the communications efforts.

>> Excellent. Thank you so much, Kerria. And now we're going to hear from our VDH issue expert. We have Dr. Stephanie and we have Christy Gray on the line to walk us through some of DDheadquarter 's vaccination plans -- Dd H's vaccination plans. Christy and -- Stephanie and Christy, are you there? Stephanie and Christy, are you there? It looks like Christy is trying to speak. All right. Are you there, Christy?

>> Christy: Yes. Can you hear me now?

>> Sable: Yes. We can. So if you can walk us through, I know that you and your team have been doing some really incredible work helping to prepare us here in the Commonwealth for the vaccine implementation and rollout. So if you can let the participants on the line know about the great work that you've been doing and your team has been doing over the past few weeks and months.

>> Christy: Sure. Thank you so much for having me and being able to join with you tonight. It is myself and we spoke with the group last night and I was (inaudible) a day off. We're trying to (inaudible) and we're having to make sure that all of us are talking to everybody, but not all at once. So thank you so much for (audio cutting in and out) and I think this is a really great opportunity. I want to hear your concerns and your questions and what to address them. So if you notice, my internet connection is unstable. Can you still hear me?

>> Sable: You were going in and out, but right now it's good.

>> Christy: Okay. We'll keep at it. One of our main messages right now is that the COVID-19 vaccine is coming, but we are still going to need to flatten the curve here. We are expecting to get vaccines in mid-December, but they will be limited and in our initial doses. So therefore, we continue to be doing all the mitigation strategies until we can really get that vaccine into more people in Virginia. We are going to be prioritizing vaccines to those who need it most based off of recommendations from the center for disease control and prevention advisory committee on immunization practices. This is a committee who decides recommendations for any vaccine that comes through the U.S. Market. Based off the recommendations, the vaccine is going to be prioritized to health care personnel and long-term care facility residents. But what we do expect to have the vaccine out to all Virginians by late spring and early to mid-summer. And we just. To remind you as we're going through that process, even if you have been vaccinated, you

want to continue the mitigation strategies until we can get more majority of population Virginia vaccinated. The second point I always like to make is the vaccine is safe and effective. The safety of Virginians is our number 1 priority and we want to ensure that, ah, we have been watching the process of development and approval of these vaccines. It's been going through the same process that any other vaccine has gone through for its approval. The safety and efficacy has been reviewed the same way that any other vaccine has gone through. And there's been careful testing at each of those stages and before a vaccine ever gets to market, it has already been given to thousands of people to insure that it is safe and effective. The third point I wanted to talk about was that the vaccine would be distributed fairly and equitably throughout -- equitable and really trying to prioritize that to those who need it most and by summer, hopefully everybody will be able to have access to it. We are -- our ultimate goal is being able to vaccinate as many people as quickly as possible in order to get to that herd immunity and really get back to more of the, um, so this Christmas next year will be much different than Christmas this year and we'll be able to gather and join with each and are the we want to do that right this year now so we (audio cutting in and out) experience and appreciate next year. Um, and I know there's lots of questions that often come up regarding our planning and distribution and I wanted to go over a few of them maybe right now that I know are, um, typical and then make sure that I can answer any others that come up. So we did want to comment that oftentimes people are asking about when the vaccine would not be recommended for. So, um, after the FDA approves a vaccine, the Food and Drug Administration, FDA and advisory on immunization practices determines who is recommended to give that vaccine. So regarding pregnant women, we'll have to wait to see what the recommendations are and that will be based off of the data that is put forth to those committees for approval. Regarding children, the vaccine has not yet been tested in children. So it will not be recommended for children at this time. This is one of the many reasons why everyone who has the opportunity should get the vaccine because there are going to be people who aren't eligible or aren't recommended to get it yet. And the whole success story about vaccines is only successful if most of the people are getting it because you're really trying to protect the ones that can't get it. We do know that one of the manufacturers, Moderna has announced they will start testing their vaccine on children ages 7 through 17 and that setting will include 3,000 children with half of them receiving two vaccines, two doses of the vaccine and the other half receiving the placebo which is standard practice when doing clinical trials. And that will allow the advisory immunization practices to be able to review that data and see if the vaccine is effective in children and provide that recommendation whether children at least to age 12 which get the vaccine. There are questions about the types of vaccines that are coming out. The two vaccines that are coming out, if they're approved within the next two weeks are both messenger RNA vaccines. These are new types of technology for a vaccine. And the difference between how this vaccine works is, um, when injected, it really is training the body to protect itself against the COVID virus. It's enabling the body to create a protein that will recognize the COVID virus and be able to fight it off. These types of vaccines do not contain the virus. It is not what you would call a live virus vaccine. An

example of a live virus vaccine is measles, mumps and (inaudible). It is a weakened virus that is in the body where the body sees it and will develop. We call them antibodies to identify the virus if it sees it again and knows what it is and can neutralize the virus very quickly. A live virus is not typically recommended to be given to somebody with a weakened immune system or an older population that might have a weakened immune system. So there is often that question about whether this vaccine would be recommended for older populations and, ah, the advisory immunization practices are going to be voting on that data this week -- this weekend, but it is very different than what we know in the you market as a live virus. These are not live viruses. You cannot get the Corona virus from these types of vaccines. Also the question of cost. So this vaccine has been purchased by the U.S. government to be given to, um, people in the U.S. free of out of pocket cost. So that means that if you have insurance, the person giving the vaccine can charge the insurance provider, but they can't charge you and then if the insurance provider refuses to pay the provider, the provider still cannot go and ask you for the charge of the admission fee of the vaccine. So this vaccine is free to the people that are receiving it. No out of pocket. They do not have to pay anything. The eligibility, there's no eligibility criteria for receiving this vaccine think and then there's a question about tracking and how we're tracking the vaccine. So any dose that's administered in Virginia, we are asking providers to put that dose into our Virginia immunization information system, which is our state immunization registry. The registry consolidates immunization data sources into one record so that when that provider is reviewing the immunization history of that person, they can make an informed decision on the healthcare -- informed healthcare decision for how to treat that patient. Whether you received a vaccine in receipt history has an impact on what that provider might decide to prescribe you or to treat you with. So it's important that immunization history including the COVID vaccines are documented into a record so that, ah, when you show up at a different provider from when you got your first COVID vaccine because most of them take two doses, that provider can see that you got this type of vaccine for your first dose and I need to give you that same type. So it is for not only the patient. They can print out their own immunization history record or the provider that's treating them can make sure they're providing the best healthcare decision for that. We also need to let the CDC know how many doses are being administered in Virginia. So we are reporting limited data to the CDC. It does not include PHI, which we include personal health information. So it does not include identifying information about the person themselves. It just gives if the person we're using the first of the month and the better year to identify as a closest that we get that this person was born in 1989 and they received a vaccine. And that allows the CDC to know exactly the age range of the people that are getting vaccinated in the respective areas throughout the country. But no other information is shared about an individual person outside of our state registry. And access to the state registry is heavily regulated to only those people who need it to do their job such as looking up the persons I'm immunization record they are treating at that moment in front of them. That's just some background information that I wanted to hit O. I'm happy to take any questions and definitely looking forward to hearing from you today. Thank you.

>> Sable: (inaudible) Dr. Oliver for the one man answer shop in the chat box for addressing some of the questions that were coming up while Christy was speaking. We are going to go back through and talk through some of the other questions that Dr. Oliver (inaudible) haven't been able to answer just yet. But we'll start with the one that I'm seeing right now. There are concerns about the elderly with key note community who are typically cared for at home and given this focus of long-term care facilities. What are we going to do to make sure so that population is also going to be eligible and have the opportunity to take the vaccine.

>> Christy. That's a great question. We've working with our local health departments and other community partners and providers in Virginia to identify ways to not only the solution to going back to vaccinate the persons and identify where they are. We are working on that solution or aware of that concern. Dr. Oliver, do you have anything else to add?

>> Sable: Dr. Oliver, you're on mute.

>> Dr. Oliver: I'm sorry. I thought I unmuted myself. Yeah. I don't have anything else to add to that, Christy. That covers it, I think. We're getting a number of other questions in that chat box. [Laughter]

>> Sable: Yes, indeed. I'm seeing a lot of questions. If we can reiterate the concerns about cost, a lot of folks are asking questions especially for those who are uninsured and, um, what kind of provisions are being made to those who may be undocumented would have access to the vaccine.

>> Christy: So the question about cost is we have been answering it on two fronts. One from the patient side and one from the provider side. So from the patient side, the patient -- when COVID-19 vaccine provider enrolls in our program, they have to signing a contract that the CDC has drafted and the contract is between the CDC and the provider and is implemented by the EAH or implemented. We connected to. That agreement that they're signing requires that they cannot charge the patient that they're administering the vaccine to. So they're agreeing to that. If the patient is uninsured, there is a fund that's been set up that they can charge the admin fee to instead to insure that the provider is still recouping some costs. Although they're getting the vaccine for free, they're still staff time and some other supplies that would need to be considered from the provider and ultimately make sure that they are vaccinating their population their patients and communities. So they can to insure the providers are able to continue to do this. They can charge that federal fund to get reimbursed for the admin fee. If the person is insured, they can charge the insurance company for the admin fee. There is no charge for the vaccine itself because it is being provided free to the provider. The other question you had was regarding undocumented. So there is no requirement of showing residency or, ah, any kind of -- in order to get vaccinated, you do not have to show proof of residency and we're working with our vaccine advisory work group to identify barriers such as that in determined solutions of how we can work

within the communities to address that barrier and we'll work with at the locality level on the different solutions that can be done based off of which populations are in which districts. Gee sable: Thank you, Christy. The next group of questions that has come up are related to reaching individuals. I know we have a rule community conversation that's going to be happening next week, but there were a lot of questions about exploring that intersection of hispanic and Latin ex-folks who are living in rural areas who, um, may be frequently moving around or how would we engage and logistically get back into more remote places and to people who may not have roots in a more conventional way.

>> Christy. There are populations that would fit those types of niche. Another good thing about the registry that I mentioned is if they receive their first dose in southwest Virginia, but now they are working in northern Virginia, that's okay. The same provider can access the record to know what their first dose was to know what to give them for their second dose. So they are not held to a specific area in order to complete the series of the vaccine and we'll continue to work with our vaccine advisory work group and the local health departments to provide guidance on how to address these different communities.

>> Sable, I would like to add a comment, if I can.

>> Sable: Absolutely.

>> Norm: It's very important to understand -- thank you. It's very important to understand there are local health departments that work very closely with community organizations who have, ah, the trust and are embedded in the Latin X community. So for the last 22 years, I've been hearing in the Charlottesville area. I know the Thomas Jefferson health district works closely with clinics and providers and migrant farm worker settings. They will work with those organizations to insure that we get a vaccine to them as soon as it's available. The other thing that I think is important to realize is that with the Pfizer vaccine which requires ultracold storage, most of that is going to wind up going to the healthcare workers because at the sites that we have pre-identified with ultra-cold storage that can keep the vaccines at minus 95 degrees Fahrenheit, those are big health care systems and they'll be doing the healthcare workers as the other vaccines come on board, we'll have more vaccine and will be hopefully having vaccines that don't require as challenging logistical sort of problem. I have fingers and toes crossed for the ones still in trial that are single dose vaccines. I think that would also give us a lot more opportunity to reach the Latin X community particularly the ones who are in rural locations.

>> Christy: Thank you for that. I did want to mention that we're working with communities to translate education on the vaccine, the process and we're insuring that we are translating those documents into several different languages.

>> Sable: Thank you, Christy. And thank you Dr. Oliver. We're reaching up on time and I want to make we hear additional public comments from you all. I want to raise a couple one or two more questions from the chat. Please know that we are paying very close attention to the questions that are there. The questions that are here are going to be incorporated into an FAQ document so that we can turn around and get these answers back to you to insure that you all are empowered with the information that you need to make the best decision for yourselves, for your family and also just share the information for those in your social network and in your community. Just as a final question, I wanted to raise this issue a couple of folks have brought up issues related to public charge and people being concerned about what the implications for that may be and wanted to raise that as an issue that -- that has been brought up in the chat. I wanted to provide an opportunity to talk about this outside initial prioritization. What work is VDH doing to insure that after the healthcare workers and the individuals and long-term care facilities, what efforts are we taking to insure that black and brown individuals and the other groupings get access to the vaccines sooner rather than later.

>> Norm: Do you want to jump into that, Christy?

>> Christy: [Laughter] I --

>> Norm: You can take and maybe explain the phases and particularly like with phase 1 ABC so that people understand, um, at least in broad strokes what the priorities are.

>> Christy: Yeah. Yeah. Unfortunately, the COVID-19 vaccine response is going to not be as clean cut as we would like it to be. There's going to be a lot of overlapping and our transition to different phases. So because I had mentioned before, we will get initial vaccine amount that is going to be limited and as more vaccine is manufactured and more vaccine is approved and being manufactured, that number will grow. So we do expect that there to be about three phases with the first phase having three sub-sections. (inaudible) being health care personnel and long-term facility residents. So we call that 1A. 1B is expected to be essential personnel or critical work force and 1C is expected to be older populations or those with comorbidities that put them at increased risks to COVID vaccine. I'm sorry. COVID illness. And then after that, we would go into phase 2. It is a little more broad including a little bit more priority groups. We have gone through several iterations of what will be in the different phases. So do not hold me to those, but the last phase, of course, is a general population where the supply is greater than the demand because at that point, most or many people will have already been vaccinated and it is everybody else going and getting their vaccine. The advisory committee immunization practices is the committee that recommended we have these three sub-groups in phase 1. But the only voted really on 1A and so we are planning for several different scenarios, but a lot will also still depend on how the next few weeks go with vaccinations and, ah, what ASA would recommend next. We are developing several different scenarios identifying essential personnel in Virginia. There's -- this is something we do on an annual basis. We have pandemic response plans that have identified general populations, but we want to make sure we're looking at it from

a COVID point of view as well considering is there -- like you mentioned, there are certain populations we need to be taking into consideration the social vulnerability and other considerations. So unfortunately, it's a moving target and we are adjusting as we learn more information and we are the short answer is we are still waiting on a little bit more guidance on it. Dr. Oliver, do you want to payc make any other comments? You're on mute. You're good.

>> Norm: The most common thing heard over the last few months. You are on mute. Um, the -- just to add on to that Christy was just saying, you can see that first phase when the vaccine is relatively scarce will still entail our vaccinating a lot of people. So you're talking about all the healthcare workers, all the long-term care facility residents, people who are involved in critical infrastructure work force, which as we have already pointed out includes a lot of black and brown people, a lot of Latin x people that are in that category. People who have -- who are medically vulnerable. Again, in part because of the racial inequities and ethnic inequities that we have seen in healthcare. There's -- people who are black brown are disproportionately represented in those categories. So a lot of us will get vaccines early in phase 1. Phase 1 is expected to last till when? Maybe Februaryish.

>> Christy: I wish I had a crystal ball and say it is now this phase. It's going to be -- yeah. A little overlap.

>> Dr. Oliver: There is going to be some overlap and then we move into much broader populations as the vaccine production ramps up. So just to give people some ballpark idea of the timeline here. Moderna is doing this clinical trial now. They're planning one for children. So that will be good. Moderna was also the one that had the largest group of mine of theys in their clinical trial. So -- minorities in their clinical trial. That I think also speaks to the fact that it was found to be really efficacious in minority populations. So that's good to know too because all too often, the clinical trials do not include truly representative populations.

>> Sable: Thank you, all, so much. I know we have so many different questions in the chat. And thank you is to individuals who are here. Their contact information and there's a lot of really good networking happening in the chat. A lot of really great resources that hopefully we'll be able to and community partners that will be able to engage as we are going forward with our vaccination planning. Definitely stay on. The next component we're going to begin at under arrest public comment period, but before we switch to the public comment period and hear?Or Virginia Latino advisory board, I want to thank our part 1 speakers. I want to thank Mona, Martin figga row on and Dr. Oh liver and Christy Gray. Once again, we are paying very close attention to the items that are in the chat and we will be following up with you all sharing finish AQ documents and other resources that we all have as a follow up for you all for paging. It will be -- participating. It will be sent out to everyone who registered today. Thank you so much for your questions. This is just the beginning of the conversation and hopefully again we are working. We are partners with you all collaborating with you all supporting

the community. So thank you to everybody who raised a question in this section. So now we are going to switch gears and begin our public comment for phase 2. To set the stage and the tone for that, we have two fantastic individuals. We have Paul Berry who is the chair of our Virginia Latino advisory board and we have Dr. Cecilia barboasa who is the health committee chair. So I'm going to turn things over to them to set the stage for our conversation. Paul, Cecilia, are you there?

>> PAUL: Good evening.

>> Cecilia: Yes. Good evening.

>> PAUL: Good evening, everyone. My name is Paul Berry and thank you to everyone who did the heavy lift of this conversation and answered so many questions that I know the board has been receiving. This is a tremendous opportunity for everyone to learn so much and I would like to share about the board and what we have been doing about the pandemic and the importance of getting the vaccine when it is available. Getting the vaccine can help reduce the burden on our healthcare systems responding to the COVID-19 pandemic. In October, the Latino advisory board issued the 2020 annual report making recommendations to bench northum that we increase quarantine relief, stop evictions and that we make a plan for increasing the number of Latino and Latina doctors. Latinos in Virginia are disproportionately employed in blue collar jobs such as in supermarkets and restaurants and recall service industries. Latinos are also overrepresented in frontline roles like medical interpreters, nurses, and hospital custodial staff. This makes the community more physically and economically vulnerable to the Corona virus while raising the risk of death and health complications. The people who work in the front line health care systems will benefit when you get vaccinated. We know that the Latino community has been over impacted by COVID-19 Bso have healthcare workers. When you protect yourself, you are protecting the people that might care for you or your family if there's a medical emergency in the future. When you get the vaccine, however, when you make that effort to do that, you are definitely going to be protecting yourself and your loved ones while promoting community health experience. Vaccines have been given safely for more than 50 years. So what's going to happen after you get it? Medical professionals from Virginia including our governor Dr. Ralph Northum knows what it is like to fight disease and make decisions to keep people healthy. Daniel Kerry for governor northum has spent his career overseeing care systems that employ thousands of healthcare workers, doctors and support staff. Those same massive health systems provide care to hundreds of thousands of people across Virginia that give vaccines every year with 0 complicated. Some may worry that the contents of vaccines are not safe, but this is wrong. Vaccines are tested as we heard tonight in the case of the Corona virus vaccine on thousands of volunteers who help advance the scientific creation process. For the COVID-19 vaccine, we have the same situation. Those thousands of individuals contributed their time to test the effectiveness of the final version that Virginia is soon going to see distributed pending FDA approval. I wasn't a volunteer in this vaccine creation process, but I'm going to get vaccinated

when it is available. My fiancée and I have talked about starting a family in the future. When I get vaccinated, I know I will be protecting myself and my family. Importantly, that means I'll always be able to work without any obstacles to my health and ensure my family's financial stability. So now to hear a little bit more, I'm happy to introduce Dr. Cecilia Barbosa, the chair of the VIAD committee.

>> Cecilia: Good evening. It is a privilege to be here and listen to your questions and listen to the answers and we look forward to hearing your comments right after our little talk here. We want and must get back to working, learning and living our lives again. The vaccine is a powerful tool in our arsenal to combat this virus. For a while as more and more of the population gets vaccinated, we will still have to continue to practice all the other public health measures as well like wearing masks, social distancing, avoiding indoor crowded spaces and washing our hands frequently. It is important we all do our part. The FDA will announce its decision tomorrow after thorough review of all the facts of the vaccine. I trust the many independent bodies of top level scientists that have reviewed the facts and I plan to get the vaccine when it is my turn. I hope that you too choose to do so as well. We heard today about the ways Virginia government will do its best to make sure that the most vulnerable receive the vaccines first. We heard also that the vaccine will be free to all who receive it no matter your nationality or whether or not you have insurance, you can receive your vaccine for free. And we know about partnerships that have been and continue being formed with Latino and Latino serving organizations, the trusted voices in our communities. We look forward to hearing more about engaging our communities. We believe this partnership and engagement is essential for this success of this initiative. You will hear more as plans are developed and rolled out. Be sure to listen only to trusted sources. These are the CDC, the Virginia department of health and your local health departments and, of course, your doctor or trusted health care provider. We expect that rumors and myths will circulate and there may be attempts at fraud. All of us need to evaluate the information we risk understand where it is coming from and assess its credibility. And as community leaders and is this, we need to take the responsibility for remaining informed so that we can in turn educate and protect each other. And we are here to listen to how we can do better. So we look forward and be able to explore and hearing further from you and about the issues that we can bring forward and advocate for on your behalf. Thank you.

>> Sable: Thank you, Dr. BARBOSA and thank you, Paul Berry for your setting the stage for our public comments section. So now we are going to open up the floor to hear from you all to raise your hand, to be recognized, we would ask for you to raise your hand in the Zoom box and I'll recognize you to speak and each individual has 60 seconds and I have one minute to speak. We will be setting the time and we'll give everybody that same amount of time to speak. When you hear the alarm, if you can quickly wrap up your thoughts and we will try to get through to our next presenter, our next speaker so that we can get as many and hear from as many people as possible. I'm not seeing any hand raised as of yet, but like to provide an opportunity for Andrés

Alvarez to address and he's doing some really incredible work. He's working with one of our sister agencies at the community department of management and would love for Andrés to provide some initial remarks while we wait for other folks to raise their hands to be recognized to give a verbal public comment. Andrés, are you there?

>> Andrés: Yes, ma'am. You can hear me?

>> Sable: Sure can.

>> Andrés: Good evening, everybody. My name is Andrés Alvarez. You are continue with our agency following hurricanes and all the logistical work that is associated with responding to initial and man made disasters. In the case of COVID-19, we are the coordinated agency for distribution of PPEs. So we work hand in glove with Dr. Oliver and his team behind the logistical activities, of course, a lot of financial transactions, we serve as the primary interacting agency with FEMA for the securing procurement of the funds that support all these activities. So that is a big component of what our agency does. We're getting ready to move now into the vaccination phase. So we're ready to collaborate with the (inaudible) of doctor Vargas Jackson andress ray and all the folks who are really actively involved in the health equity aspect of our operations. So as much as we have been involved in the initial phase of our response, again establishing warehouses for the distribution of masks, um, and all other matters of PPE equipment that we're prepared to support in vaccination effort. As a member of the Hispanic community, I am personally interested in insuring that as many of our members put down their fears and concerns and go forth as everybody else has indicated and Avail themselves of the vaccine is the only way to put this behind us. Thank you for your time and I appreciate the invitation.

>> Sable: Thank you, Andrés. I saw that John Cano has their hand raised. John, are you there? I saw -- John, are you there?

>> JOHN: Yes. Can you hear me?

>> Sable: We sure can.

>> JOHN: Good evening. My name is John Cano. I want to thank governor Northum and his amazing team and the Virginia Latino advisory board for making this effort and insuring that our voice is included during this process. I do have two questions. One if can the communication plan reach the Latin X community to be brought in to know what details that entails and then two, it's great to hear the vaccines will be available for free to everyone whether uninsured or undocumented, but what efforts are being done to work with community clinics that several uninsured community members attend their services. Will they be receiving vaccines and how would the (inaudible) keep with (inaudible) agency and CDC be taken into play. Thank you for your time and once again, thank you for setting this up for our community.

>> Sable: Thank you. Thank you for raising that comment. We will try to take as many comments and questions as we can. If we have any time left over after the public comments, we'll try to go back to address other specific questions, but before we open back up for our panelists, we really want to step back and hear from communities. Is there anyone else who would like to make a comment? I don't see any additional hands raised. I know going back through the chat to see if anyone would like to have their line unmuted to be recognized. Is there anybody who would like to be unmuted to provide a public comment? I see Dr. Vargas Jackson. Yes. Go ahead.

>> Hi, everybody. Our community is going to need a lot of constant information. So the suggest is to use radio, TV and social media more than anything. Perhaps we need to start advertising a phone number where people can call if they have questions. Many people in our community is not going to be able to go to a website. They don't know how to use it. They don't have the tools to do it. A a suggestion, if we can have a bilingual phone number that people could call during even in hours and weekends, you will be appreciated. Thank you.

>> Sable: Thank you for your comments. Next in the cue is going to be Fernanda Gutierrez. Are you there? I wish I had your full name, but you're showing up on the Zoom as PL Cortez 4.

>> Can you hear me?

>> Sable. Yes, we can.

>> My name is Patriciap bragnel. I am a member of the community and a board member for the chamber of commerce, Hispanic chamber of commerce. That would be a good platform to disseminate information for our coastal and the southside of Virginia. My question is which it was in conjunction to (inaudible) previous person said is we're going to need a toll free number where members of Latino and Hispanic communitys can call and ask questions and concerns about their underlining conditions for those that have diabetes, they will have questions about I already take this medication S. this going to be something that it will be affecting my current medical condition? So there are going to be a lot of questions I think that information they're willing to learn it and to understand it as long as there is someone there to answer those questions for underlining conditions.

>> Sable: Thank you so upon for sharing that comment. Fernanda, are you there?

>> Yes, hi. My name is Fernanda. I'm a master of public health student at Virginia Tech. And during the summer, I volunteer as a contact (inaudible) and case investigation for the Roanoke and (inaudible) health district. And my comment is one of the barriers that I saw when I was calling people is that a lot of them didn't have transportation to get to testing sites. So how would we do that? How would we work to decrease other and also my other question is if we would be creating (inaudible)

resources that are specific to Virginia because, um, it has been hard to find the resources that are accessible to all. My final comment is if any of you know resources for people that don't have social security number specifically in the southwest Virginia.

>> Sake: Absolutely. Thank you for the comment --

>> Sable. Absolutely. Thank you for the comments. Is there anybody else that would like to be recognized for a public comment? This is an opportunity for us to hear from you all with any particular piece of information that you would like our partners and the administration to know and understand. Juan Blanco, you are recognized.

>> Hi. Can you hear me? Gee

>> Sable: We sure can.

>> Wayne: I know --

>> Juan: I know from my background, a lot of undocumented workers and essential workers do listen to the radio in the morning and I think it would be a great idea for the VDH to really partner with Latino radio stations to disseminate information out there because I do find that is how a lot of members in the Latino communities are able to get a lot of their user information is through the radio or specifically Hispanic news organizations or TV shows or news channels that I have found that a lot of members are able to get their information through there and I really would recommend VDH to consider that in terms of partnering with organizations in as well. Fernanda just asked is the accessibility because I do find a lot of members in the Hispanic community don't have really great means of transportation to get to the sites and that's why I asked earlier if the vaccine would be available to providers such as pharmacies where there is a lot more easily accessible or means to access the sites such as farm's and thing like that. I would reiterate the importance of a toll free number because a lot of members don't really have a health care provider. So being able to speak with someone to before explaining the medications they take or the symptoms they already have or underlying conditions they do have they probably aren't getting treated as a result of not having a primary health care provider I think would be really up for the VDH to do.

>> Sable: Absolutely. Thank you for your comments. I see that Josie would like to be recognized. Geez Josie, are you there?

>> Josie: Hello?

>> Sable: Hi, Josie. We can hear you.

>> Josie: Hi. My name is Josie, Josephine Cortez Colon. We have ERG groups, which is the diversity and inclusion groups. A lot of companies have these groups and I think it's important to find a way to reach out to certain companies to offer this information so that leaders or members of these ERG groups can submit this information through their

members and then their members can take it back to them, take it to the families, to people they know.

>> Sake: Thank you, Josie. I just want to -- is there anybody else who would like to be recognized for public comment? I just wanted to highlight some of the conversations that I'm seeing in the chat and for those who just wanted to share that people are concerned about health literacy and making sure that there is transcreation and making sure that we're not just translating information from English to Spanish, but we're making sure that we're creating messages that will resonate with cultures like the cultural differences and we want to see that as something that's coming up in the chat. Is there anybody else who would like to make a public comment in I'm seeing some action diggal questions. All right. Lenny? Lenny Gonzalez, you are recognized.

>> Lenny. Am hello. Can you hear me?

>> Sable: We sure can. >> Lenny: Just to make sure that at some point we will all receive information about how you're also going to reach to the different state and different organizations where the Latino community would attend. And they would also be good partners to work with them. Thank you.

>> Sable: Thank you for your suggestions. Is there anybody else that would like to make a comment? I'm not see anything additional hands raised on the participant list. I'm just going back through to see if there are any additional comments. Okay. I see Kiersten Buckner. Are you there?

>> East the are Kiersten: Hi, there. Can you hear me?

>> Sable. Sure can.

>> So I work in Fairfax County health department and we have different days of the week weekdays and weekends as well as different times of day so they're more accessible to people who live and work nearby those local testing events. They're very, very local. Like sometimes in neighborhoods or shopping centers where we know there are a lot of COVID cases. So while these are well attended, we always wonder about the folks who did not make it and we started having questions about whether people had to request permission from work in order to attend the event. And so that's kind -- I guess the bigger question has to do with how can we get employers to encourage workers by giving them the time and even covering that time so they can go get tested, they can go get the vaccine. Does that make sense what I'm asking? If someone asks for permission to go and get the vaccine, their time will be covered, you know, by their employer without -- in order to help everyone get vaccinated. Hopefully that makes sense. It did. Thank you so much for that, Kiersten.

>> Can I make a comment? Whatever Kiersten was talking about, another option here in northern Virginia could be to have vaccination events during (inaudible) and

weekends. Because we know that they're going to be lines. So I doubt it that employers are going to pay for several hours. If we open weekends and even evenings, we can benefit a lot of people in the community.

>> Sable: Thank you Dr. Vargas. Eduardo, you are recognized for a comment. >> Eduardo: Yes. Hello, everyone. I want to echo on that something that Kiersten said. We are doing that also in (inaudible) of Alex and degreia and our own clinics in Fairfax and (inaudible) but anyhow, it works well. We do see a large number of clients coming in, but yes it does affect us who work. We were there till almost 9:00 p.m. and it is getting super, super cold. If we look to do this in January and February and March, the temperatures are going to be extremely cold and would be almost hard to have people wage and people come and wait for 30 minutes, 40 minutes, we have tongue about our staff who are there for four or five hours. We bring heaters, it is very hard for them to perform. I think having events like right now we are having on Saturdays for those who are unable to attend on the weekday, that's also a good way to go doing it on the weekends. Thank you.

>> Sake: Thank you, Eduardo. I see in the chat that Lucia would like to be recognized. Lucia chordez, are you there?

>> Lucia: Yes. Thank you so much. I just wanted to share -- I'm with Arlington County emergency management and throughout some of the testing that we have been doing especially in Latino community areas, we see there's a lot of misconceptions just about testing people. They say they express feeling all right -- I'm already getting tested at work when it is just like a temperature check they are getting with infrared thermometers. So my comment and I'm (inaudible) a lot of people concern is how we're going to make the most effective communication for the Latino community to work around any misconceptions that I'm sure they're going to pop around vaccination the same as we are hearing from just testing. So communication and once the messaging is going to be in order to address misconceptions and just false information.

>> Sable: Thank you for that. Thank you for that, Lucia. So we are getting toward the end of our time and I would like to thank, everyone, for joining us and this isn't the only opportunity for you all to engage. We're going to be following up to this communication with a survey and that we're hoping that you all can distribute to your networks because this is just the beginning of a conversation for us to really understand what the needs are, get a deeper understanding of those (inaudible) and information we see and talk about and some of you all have echoed in the chat and in the previous question at your component for part 1. This is just going to be the beginning. If you think of something between now and then, please feel free to e-mail us at the office of equity. We're collecting all the information for the vaccination unit to filter to our and the e-mail address is OHE, again, that's O as in office, H as in health, E as in equity at [VDH.virginia.gov](mailto:OHE@VDH.virginia.gov). To close this out, I wanted to bring back two speakers from our first panel and because we are -- there are a lot of questions about health communications and questions about insuring that we have culturally humble and

staffing that reflects the community. So I wanted to pose a question that is a group from a couple of different comments and questions that I saw in the chat to Dr. Oliver. Dr. Oliver, if you can speak to the length that VDH is taking to insure that our contact tracers and the staff that's going to be engaged in these vaccination efforts are going to be engaging community and Away that embraces the diversity that we have here in the Common Wealth and to insure that to the extent possible those individuals reflect the community. If you can speak to that event.

>> Dr. Oliver: Is my audio working?

>> Sable: It is. >> Dr. Oliver: We have paid particular attention to recruiting a diverse cohort of people to work as case investigators and contact tracers. We've tried to get people who were bilingual in many different languages as you all are well aware and many communities the languages are spoken are quite different. We need not just Spanish speakers, but others as well. It's an ongoing challenge for us. We keep track of it and recognize now much time we have a ways to go to insure that we really get that full representation, but we keep track of it and keep trying to improve on it. So we definitely feel that bilingual contact tracers are critical for keeping this virus in check and that will be true for our vaccination teams as well. That will be an ongoing process. We are very -- I was going to say lucky, but it wasn't really luck. It was intentional. The unified command that's leading our effort to fight COVID-19 has a health equity work group that Sable mentioned in the top of this community conversation. They have been very, very, very good about helping us to see everything we do to that health equity lense and I'm sure they will help us in that regard as well.

>> Sable: Thank you for that clarification Dr. Oliver. And the last question that I wanted to raise again is I thought our health communication. So I would pose this to either be doctored by Christy Grier from (inaudible) team. There have been a lot of questions about making sure that we are addressing health literacy concerns and that we are developing messages that will resonate with the Hispanic community. What efforts are we taking to insure that our public health messages will be able to resonate and to be understood bah it is not just the English proficiency, but health literacy component to that as well. What are we doing to prepare for that here in the Common Wealth?

>> Christy, I will start if that will help. If I leave anything out, please fill me in. We're working with a group to make sure we create everything from all the way from our focus groups and the input that we're hearing in conversations like this. We're making sure that we really hear the issues of the community and the cultural nuances that need to be incorporated into all of the work. So we're making sure that it is access age for all literacy levels, all accessibilities, I love the comments about the media outreach channels. We have a very robust media that we'll be going into all of those markets. We're really using opportunities like this and research to make sure that we absolutely hear the concerns and fully integrate that those insights and needs to all communication styles. We'll be getting you all some great tools that you can take into

your community to really empower all messengers to be the champions we need to get everybody vaccinated.

>> Sable: Thank you, I cana and I'm seeing a hand raised by PL Cortez and that will be our last comment of the evening. Are you there?

>> I'm here. Our Latino community we have a very large faith based community and it is important that we engage some of the charges and some of the Catholic church to disseminate the information in the Hispanic community. Just engaging them because they will listen. They will hear what the church has to say about the safety of the vaccine. And they will also help with keeping predators away from Latino communities. They will take advantage of them by charging them or selling them a product that is not being fed by the government. Being Mexican and my faith is important to me, I know my community will listen to whatever the church has too disseminate for them.

>> Sable: Thank you so much. And we are right up at time, but I want to honor the other hand that I see raised. Eduardo, are you there?

>> Eduardo. I'm here. I just want to bring something up. So I've been doing outreaching many of you for many years and when it comes to reaching out to the community in general, not only Latinos, but everyone, especially with something that is of general public information, so for instance, once we come up with a vaccine, everybody in different organizations will start creating their own printed information and that can be a little bit confusing. So if you can try to push this one printed flier, if you will, to make sure that is disseminated through all much us, all of us on this meeting can get a copy of that or electronic. We will distribute that creating a different types of fliers, different colors and fonts and different messaging for the same thing, it's confusing for our community especially the Latinos. So having one generic flier will work a whole lot better and I do want to echo what someone just said right now same as LENI that working with the faith community, it will do wonders because everyone who goes there, they are already a trusted source. So they will follow what they have learned there. Thanks.

>> Sable: Thank you so much. And thank you to everyone for the robust conversation that we've had in the chat. Thank you to everybody. I saw the networking and the e-mails and phone numbers that were being shared. I think this is really an incredible opportunity that we have to collaborate and work together to serve the Latin X community here on the Commonwealth of Virginia. Again as a wrap up, I saw some questions in the chat. We will be sending out the recording for this meeting as well as a link to the contact information for the individuals who have shared their link via the chat and also when we have it available, the link to the finish AQ document so that you can begin to share information in the spells and myths that are permeating throughout the community. So again, thank you to all of you all for participating. I'm hoping that you all will accept the challenge to be our community partners and community advocates and as we are seeking to get as many individuals across the Commonwealth

vaccinated here and continue the conversation. This is just the first step, but I do hope that you all have a good rest of your evening and we'll be in touch soon. So have a good night, everyone.